

# Guidelines for Community Support Work, Documentation, and Billing

## 9 CSR 30-3.110 Service Definitions and Staff Qualifications

Certification Standards	Guidelines
	<p>Community Support Work in substance abuse programs is different from case management or community support services in psychiatric or medical settings. Like any professional in the substance abuse field, the Community Support Worker (CSW) must walk a thin line between helping and enabling. Correctly done, community support work greatly enhances treatment and its effectiveness. Poorly done, it compromises treatment and jeopardizes client recovery.</p>
<p>(11) Community Support. Community support consists of specific activities with or on behalf of a particular client in accordance with an individual rehabilitation plan to maximize the client's adjustment and functioning within the community while achieving sobriety and sustaining recovery, maximizing the involvement of natural support systems, and promoting client independence and responsibility.</p>	<ol style="list-style-type: none"> <li>1. Community Support Work in substance abuse programs should clearly and directly relate to removing obstacles to sobriety and developing supports to sustain recovery.</li> <li>2. Community Support services should be clinically appropriate as identified by initial or ongoing assessment and by their inclusion in the individualized treatment plan.</li> <li>3. Notes documenting Community Support Work must tie the service to resolving a crisis, arranging necessary supports, or assisting the client toward a goal identified on the individualized treatment plan.</li> </ol>
<p>(A) Key service functions of community support include:</p>	
<ol style="list-style-type: none"> <li>1. Participating in the interdisciplinary team meeting in order to identify strengths and needs related to development of the individual's rehabilitation plan;</li> </ol>	<p>Documentation of this involvement would include a CSW note and signature on the individualized treatment plan.</p>
<ol style="list-style-type: none"> <li>2. Attending periodic meetings with designated team members and the client, whenever feasible, in order to review and update the rehabilitation plan;</li> </ol>	<p>Unless unusual circumstances are documented in the client record, CSWs should bill no more than one unit of Community Support Work per client per treatment plan review for this service.</p>

3. Contacting clients who have unexcused absence from the program in order to re-engage the person and promote recovery efforts;	Missed Appointments. If a client fails to appear at a scheduled program activity, staff must initiate efforts to contact and re-engage the person in treatment. Such efforts should be initiated within forty-eight (48) hours, unless circumstances dictate a more immediate response due to the person's symptoms and functioning or the nature of the scheduled service. Efforts to contact the person must be documented in the individual's record.
4. Arranging and referring for services and resources and, when necessary, advocating obtaining the services and quality of services to which the person is entitled;	Clients should be encouraged to arrange their own ancillary services whenever possible. If it is necessary to utilize community support services for this purpose, there should be documentation of efforts to develop the client's skills in arranging for such services in the future. Clients in substance abuse programs should become increasingly self-reliant over the course of treatment.
5. Monitoring service delivery by providers external to the program and ensuring communication and coordination of services;	
6. Locating and coordinating services and resources to resolve a crisis;	
7. Providing experiential training in life skills and resource acquisition;	<p>Experiential training must directly relate to sobriety and recovery, as well as to the individualized treatment plan. It must not be something that would be more effectively and efficiently done in a group setting</p> <p>Connecting the client with community resources for a given recreational interest or activity is clinically appropriate. On the other hand, providing entertainment or diversion is not the role of the professional Community Support Worker.</p>

8. Providing information and education to an individual in accordance with the person's rehabilitation plan; and	<p>Information and education must directly relate to sobriety and recovery and must not be something that would be more effectively and efficiently done in a group.</p> <p>Connecting the client with community resources for necessary information or education that is outside the scope of substance abuse treatment is clinically appropriate; spending Community Support time educating the client on issues outside the scope of substance abuse treatment is not.</p> <p>The term "Education" in this standard is not to be confused with Academic Education for an adolescent, which is a different service.</p>
9. Planning for discharge.	Community Support service should be about connecting the client to supports in the community that will aid in sustaining abstinence and recovery.
(B) The following activities shall not be considered a community support unit of service:	There are tasks that a community support worker might perform that are not billable as community support work in accordance with standards. Such tasks should be documented apart from billable services.
1. Reviewing a client's record to ensure that documentation is complete or to conduct quality assurance or other program evaluation;	
2. Preparing documentation for the department's management information system or for the client's record, such as progress notes, assessment reports, rehabilitation plans and updates, and initial service plans;	Routine client orientation such as touring the facility and signing intake paperwork is not billable as Community Support.
3. Preparing and making clinical utilization review requests;	
4. Administering client medications or observing client's self-administering medications;	See <b>GUIDELINES FOR COMMUNITY SUPPORT WORKERS AND MEDICAL ISSUES</b>

5. Collecting and processing urine or other specimens for purposes of drug testing;	
6. Transporting clients to and from the program;	
7. Transporting clients to appointments or other locations in the community, unless the presence of the community support worker is required to resolve an immediate crisis or to address a clearly documented need which the client has previously demonstrated an inability to resolve on his/her own;	<p>The intent is to help clients develop the supports and skills necessary to arrange their own transportation to appointments.</p> <p>See also <b>GUIDELINES FOR COMMUNITY SUPPORT WORKERS AND MEDICAL ISSUES.</b></p>
8. Routinely visiting the client in the home, unless such visit(s) is clearly and directly related to the rehabilitation plan goals;	
9. Meetings with other program staff, except scheduled meetings to develop the initial treatment plan and scheduled treatment plan reviews; and	
10. Discussions with the client regarding treatment issues that would be more appropriately addressed by individual counseling, group counseling or education, or other available service.	

### **Tips for THINGS TO DO:**

1. Assist the client in connecting to free recovery support offered by friends, family and the faith community.
2. Connect client to self help such as AA/NA and or other community recovery resources.
3. Activities must be directly related to sobriety and recovery and indicated in assessment and treatment plan.
4. CSW progress notes must stand on their own merits, both in and out of context of the client record, as must all billable services that are reimbursed with taxpayer dollars.
5. Community Support services should focus on what a client needs to stay sober after treatment. Focus on the client's needs for obtaining the resources and supports necessary to maintain recovery. Ask, "Is this going to help this client stay sober"?
6. Communicate with referral sources and engage them in discharge planning.
7. Engage and re-engage clients and families in treatment.
8. Maximize the positive involvement of natural support systems such as employers, families, churches, and civic organizations.
9. Describe in straightforward language exactly what the CSW did.

### **Tips for things NOT TO DO:**

1. Document non-billable activities in the same note as billable community support activities.
2. Try to bill community support service code for assessment of any kind.
3. Do activities on an individual basis when they can better be accomplished in a group setting.
4. Bill community support service for counseling, psychotherapy, nursing, medication management, transportation, or routine tasks that could be accomplished by technicians, aides or secretaries.
5. Overuse standardized, ambiguous terms such as accompanied, advocated, and assisted.
6. Routine client orientation such as touring the facility and signing intake paperwork is not billable as Community Support services.

## CSW DOCUMENTATION

Not Appropriate CSW documentation	Appropriate CSW documentation
CSW went to department store discount basement in attempt to find a dress for the client to wear to the prom. CSW had to look through racks of women's clothing in order to find formal dresses. Dresses were separated by sizes but winter and spring styles were mixed.	Client approached CSW about need for Prom Dress. CSW referred client to Mom/Guardian.  (Documented but not Billed)
Client and CSW discussed NBA as a career while playing basketball.	Client needs health alcohol and drug free activities. CSW contacted local community recreation center to obtain information about local community recreational basketball leagues. Provided information to client.
CSW helped client catch up with math homework.	Client wants to return to public high school following discharge from residential treatment. CSW contacted client's previous school regarding client's discharge school plans.
Coffee, Talk, Walk.	Client and CSW created a list of low cost alcohol and drug free social activities within the community.
CSW and client developed a budget.	Client is extremely concerned about pending bankruptcy due to the consequences of her addiction. CSW researched and provided client with the telephone number for the local consumer credit counseling agency. Assisted client in scheduling appointment to meet with agency staff.
CSW and client discussed the side effects of his psychotropic medications, and developed a medication management plan.	Client approached CSW about side effects of medication. CSW referred to nurse. (Documented but not Billed) [See also <b>GUIDELINES FOR COMMUNITY SUPPORT WORKERS AND MEDICAL ISSUES.</b> ]
Update Referral Sources	CSW Prepared and mailed update letters to Juvenile Officer as requested. See attached copy of letter in chart. CSW phone call to Juvenile Officer to discuss planned discharge date and continued care arrangements.

## Guidelines for Community Support Work

# Medications and other Medical Issues

In general, it is the CSTAR agency's responsibility to ensure that its community support workers' duties are consistent with the Medicaid State Plan for community support work in CSTAR, and furthermore that those duties do not include tasks that are beyond the level of CSW skills, training, and credentials. The agency should be aware of the potential for liability in allowing staff to perform tasks outside the scope of their qualifications.

Specifically:

- Community Support (CS) does not include routine provision of direct care services related to medications or other medical issues.
- If a Community Support Worker's (CSW's) presence is necessary to provide information to a physician or other health care practitioner, it is acceptable to bill for the actual time spent communicating with that professional. Justification of need must be evident in the progress note.
- Except for unusual clinical circumstances that must be clearly justified, CSWs may not bill for time spent waiting with clients or transporting them to appointments.
  - Simple absence of other means of transportation or monitoring is not adequate justification under routine circumstances (appointments, court hearings, etc.); in such cases, the CSW with a chauffeur's license may transport clients and wait with them, as may any staff, but may not bill for their efforts.
  - The exception is that a CSW who accompanies a client to a hospital emergency room for emergency medical care may bill for up to two hours of community support work.
- A CSW may bill for assisting the client in arranging necessary medical care, scheduling appointments, finding financial resources to pay for medications, and arranging transportation as outlined in standards. However, billing for these activities is appropriate only when documentation explains why clients are unable to do them independently.
- Issues of medication noncompliance are significant treatment matters that are to be addressed in individual or group therapy with a counselor. However:
  - If medication noncompliance results not from lack of motivation but from disorganization or other life skills deficits, the CSW may work with the client on developing the skills, resources, and supports necessary to insure compliance following discharge, and may appropriately bill for these efforts, as long as such intervention is called for by the client's treatment plan;
  - Providing individual information about life skills and other matters related to medication compliance is acceptable only for unique client problems that cannot be addressed in groups.
- Medication education is normally and most appropriately a role for the prescribing physician or a nurse.
- Community support workers may read dosage instructions and reinforce the importance of taking medications as prescribed, but these are routine activities that are normally not billable services. In order for them to be billable services, there must be clear justification in the assessment and treatment plan of a history of noncompliance and the need for such intervention by a community support worker.
- The CSW may assist clients in obtaining additional information about their medications from qualified medical professionals (physicians, pharmacists, or nurses), and may bill for time spent assisting clients in acquiring this information.
- If the CSW uses other resources (Internet, PDR, etc.) to find medication information, time spent sharing it with the client may be billed only if there is documented evidence in the clinical record that the information was approved by a qualified medical professional (physician, pharmacist, or nurse) prior to providing it to the client. Furthermore, only time spent educating the client is billable; research and gaining approval for materials are not billable activities.

---

Adherence to these guidelines will be examined during annual reviews, certification surveys, and in clinical review requests for additional units of community support work beyond the Customary Service Authorization.

---